



BILINGUAL/BICULTURAL DEMONSTRATION GRANT PROGRAM

PROGRAM GUIDELINES

Fiscal Year 2007

Department of Health and Human Services
Office of Public Health and Science

Office of Minority Health

*Authorized under 42 U.S.C. § 300u-6, section 1707 of the Public Service Act,
as amended*

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TABLE OF CONTENTS

INTRODUCTION	1
Program Authority	1
Purpose	1
Availability of Federal Funds	2
PROGRAM OVERVIEW	2
Background	2
Project Outcomes	3
Project Requirements	4
Health Areas to be Addressed	5
Ideas for Developing the Proposal	5
NOTIFICATION OF INTENT TO APPLY	6
TERMS AND CONDITIONS OF SUPPORT	6
Eligible Applicants	6
Period of Support	7
Use of Grant Funds	7
APPLICATION REQUIREMENTS	8
Application Forms	8
Filling Out the Budget Forms and Budget Justification Narrative	9
REQUIRED CONTENT OF THE NARRATIVE SECTION	10
Project Summary	11
Statement of Need	11
Objectives	12
Program Plan	12
Evaluation	13
Appendices	15
Helpful Reminders	15

SUBMISSION OF APPLICATION	16
Application Deadline	16
Where to Send Your Application	20
DUNS Number	21
How to Get Help	21
EVALUATION OF APPLICATIONS	22
Receipt of Applications	22
How Applications Are Scored	22
Review Criteria	22
Award Criteria	24
REPORTING AND OTHER REQUIREMENTS	24
Public Health Systems Reporting Requirements	24
State Reviews (Executive Order 12372)	24
Post Award Requirements	25
Uniform Data Set	25
ADDITIONAL INFORMATION	25
Definitions	25
Healthy People 2010	27
Frequently Asked Questions	27
APPENDIX A - MEMORANDUM OF AGREEMENT/UNDERSTANDING OUTLINE	
APPENDIX B - PROJECT SUMMARY OUTLINE	
APPENDIX C - PROGRESS REPORT OUTLINE	

INTRODUCTION

These program guidelines provide clarification of the information on the Bilingual/Bicultural Demonstration Grant Program published in the Federal Register. These guidelines are to be used in combination with the Federal Register notice and the general instructions provided in the application kit. Potential applicants should thoroughly read these program guidelines, the entire Federal Register notice, and the complete application kit prior to preparing an application.

Program Authority

The Bilingual/Bicultural Demonstration Grant Program is authorized under 42 U.S.C. § 300u-6, section 1707 of the Public Health Service Act, as amended, as amended.

Program Purpose

The purpose of the Bilingual/Bicultural Program (hereafter referred to as the Bilingual/Bicultural Program) is to improve the health status of LEP populations, particularly racial and ethnic minorities (see definitions of LEP individuals and minority populations on page of these guidelines) by eliminating disparities. The Bilingual/Bicultural Program seeks to improve the health status of LEP populations, particularly racial and ethnic minorities who face cultural and linguistic barriers to health services by:

- reducing barriers to care;
- increasing access to quality care;
- supporting and increasing national, state and local efforts to expand the pool of health care professionals, paraprofessionals, and students who are from diverse communities to provide linguistically and culturally competent services;
- conducting and disseminating research to connect cultural competency behaviors to specific health outcomes; and
- assessing the impact of cultural and linguistic training models.

This program is intended to ascertain the effectiveness of partnerships between community-based, minority serving organizations and health care facilities in addressing:

- cultural and linguistic barriers to effective health care service delivery; and
- access to quality and comprehensive health care for LEP populations, particularly racial and ethnic minorities, living in the United States.

Note: To learn more about the health disparities that exist among racial and ethnic minorities in the United States today, read applicable sections of Healthy People 2010 (see page 28 for information on how to obtain a copy).

Availability of Federal Funds

About \$2.3 million is expected to be available for award in FY 2007. It is anticipated that 12 to 15 awards will be made.

PROGRAM OVERVIEW

Background

The mission of the OMH is to improve the health of racial and ethnic minority populations through the development of policies and programs that address disparities and gaps. OMH serves as the focal point within the HHS for leadership, policy development and coordination, service demonstrations, information exchange, coalition and partnership building, and related efforts to address the health of racial and ethnic minorities. OMH activities are implemented in an effort to address *Healthy People 2010*, a comprehensive set of disease prevention and health promotion objectives for the Nation to achieve over the first decade of the 21st century (www.healthypeople.gov). This funding announcement is also made in support of the OMH National Partnership for Action initiative. The mission of the National Partnership for Action is to work with individuals and organizations across the country to create a Nation free of health disparities with quality health outcomes for all by achieving the following five objectives: increasing awareness of health disparities;

strengthening leadership at all levels for addressing health disparities; enhancing patient-provider communication; improving cultural and linguistic competency in delivering health services; and better coordinating and utilizing research and outcome evaluations.

The Bilingual/Bicultural Program was developed in response to a congressional mandate to develop the capacity of health care professionals to address the cultural and linguistic barriers to health delivery and increase access to health care for limited English-proficient (LEP) populations, particularly those who are racial ethnic minorities. OMH is committed to working with faith- and community-based organizations to improve and enhance access to quality and comprehensive health services for LEP, particularly racial/ethnic minority, populations. The OMH intends to demonstrate the merit of projects partnering community-based, minority-serving organizations and health care facilities in a collaborative effort to address cultural and linguistic barriers to effective health care service delivery, and to increase access to quality and comprehensive health care for LEP and racial/ethnic minority populations living in the United States.

As cited in the *National Healthcare Disparities Report*, clear communication is an important component of effective health care delivery. It is vital for providers to understand patients' health care needs and for patients to understand providers' diagnoses and treatment

recommendations. Communication barriers can relate to language, culture, and health literacy.¹

About 47 million Americans, or 18 percent of the population, spoke a language other than English at home in 2000, up from 32 million in 1990.² Census data convey a sense of the growing portion of the United States population that is likely to experience LEP.³ The 2000 Census reported that 4.4 million households are linguistically isolated, meaning that no person in the household speaks English “very well.” This is a significant increase from 1990, when 2.9 million households were linguistically isolated.⁴ In responding to the need to ensure that all people entering the health care system receive equitable and effective treatment in a culturally and linguistically appropriate manner, the OMH published the *National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care* for voluntary

adoption by health care organizations.⁵ CLAS consists of 14 standards that are organized by three themes—Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14). The standards are intended to be inclusive of all cultures and not limited to any particular population group or sets of groups, to contribute to the elimination of racial and ethnic health disparities, and to improve the health of all Americans.

Eliminating the disproportionate health care disparities is an HHS priority, and the second goal of *Healthy People 2010*. The risk of many diseases and health conditions are reduced through preventative actions. A culture of wellness diminishes debilitating and costly health problems. Individual health care is built on a foundation of responsibility for personal wellness, which includes participating in regular physical activity, eating a healthful diet, taking advantage of medical screenings, and making healthy choices to avoid risky behaviors. In FY 2007, the Bilingual/Bicultural Program will target 10 of the health areas which are part of the national Healthy People 2010 effort

¹*National Healthcare Disparities Report*, U.S. Department of Health and Human Services, Agency for Health Care Research and Quality (AHRQ), Rockville, MD, December 2006.

²*Ibid.*

³*What a Difference an Interpreter Can Make*. Health Care Experiences of Uninsured with Limited English Proficiency, April 2002.

⁴U.S. Census Bureau, 2003, 9-10.

⁵*National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report*, U.S. Department of Health and Human Services, Office of Public Health and Science, Office of Minority Health, Washington, D.C., March 2001.

(see section on **Health Areas To Be Addressed** on page 5 of these guidelines).

OMH Expectations

It is intended that the Bilingual/Bicultural Program will result in:

- increased patient knowledge on how best to access care and engagement in a continuum of care;
- increased client/patient and health provider knowledge on health disparities, and culturally and linguistically appropriate health care services; and
- increased utilization of preventive health care and treatment services.

Applicant Project Results

Applicants must identify 3 of the 5 following anticipated project results that are consistent with the Bilingual/Bicultural Program overall and OMH expectations:

- Increasing awareness of health disparities;
- Strengthening leadership at all levels for addressing health disparities;
- Improving patient-provider interaction;
- Improving cultural and linguistic competency; and
- Improving coordination and utilization of research and outcome evaluations.

The outcomes of these projects will be used to develop other national efforts to

address health disparities among similar populations.

Note: Funded projects will be expected to demonstrate progress in achieving any or all of the project outcomes by the end of the project period. Such progress will be a factor in decisions regarding future funding.

Project Requirements

Each applicant under the Bilingual/Bicultural Program must:

- Implement the project using a collaborative partnership arrangement between a community-based, minority-serving organization and a health care facility. The partnership must have the capacity to plan, implement, and coordinate activities that focus on reducing cultural and linguistic barriers to health care for LEP populations, particularly racial and ethnic minorities who face such barriers.
- Carry out activities to reduce barriers to care and improve access to health care for the LEP populations, particularly racial/ethnic minorities. In addition, carry out one additional activity relevant to one of the following:
 - supporting and increasing national, state and local efforts to expand the pool of health care professionals, paraprofessionals,

- and students who are from diverse communities to provide linguistically and culturally competent services;
 - conducting and disseminating research to connect cultural competency behaviors to specific health outcomes; or
 - assessing the impact of cultural and linguistic training models.
- Address at least 1, but no more than 3, of the identified health areas (see below).

Health Areas to be Addressed

The activities and interventions implemented under the Bilingual/Bicultural Program may target 1 but no more than 3 of the following ten (10) priority health areas:

- Adult Immunization
- Asthma
- Cancer
- Diabetes
- Heart Disease and Stroke
- Hepatitis B
- HIV
- Infant Mortality
- Mental Health
- Obesity and Overweight

Ideas for Developing the Proposal

The following section lists some examples of activities that can be supported under the Bilingual/Bicultural

Program:

1. Developing curriculum and training providers on culturally competent practices.
2. Developing culturally appropriate health education materials.
3. Training interpreters.
4. Enlisting community health workers to conduct outreach services.
5. Incorporating health education and intervention services to strengthen coordination of care and case management services.
6. Offering consumer education and training on available health services and ways to access services.
7. Providing access to health information, education and social service referral through the development of web sites or placement of computer kiosks in appropriate locations.

Note: The above does not represent an exhaustive list of activities.

TERMS AND CONDITIONS OF SUPPORT

Eligible Applicants

To qualify for funding you must be a:

- Private nonprofit, community-based, minority-serving organization which addresses health and human services for LEP populations, particularly racial and ethnic minorities who face cultural and linguistic barriers to health services (see definitions of LEP individuals and minority populations)

Note: Applicants must provide proof of nonprofit status. See page 27 for acceptable evidence of nonprofit status.

- Public (local or tribal government) community-based organization which addresses health and human services; or
- Tribal entity which addresses health and human services.

All applicants must have an established infrastructure with three years or more experience in addressing health and human services. In addition, all applicants must provide services to a targeted community and have an established partnership consisting of at least two discrete organizations that

includes:

- a community-based, minority-serving organization (the applicant); and
- a health care facility (e.g., community health center, migrant health center, health department, or medical center).

The partnership must be documented through a **single**, signed Memorandum of Agreement (MOA) between the community-based, minority-serving organization (the applicant) and the health care facility (the partner). Each member of the partnership must have a specific, significant role in conducting the proposed project. The MOA must specify in detail the roles and resources that each entity will bring to the project, and the terms of the agreement. The MOA must cover the entire project period. The MOA must be signed by individuals with the authority to obligate the organization (e.g., president, chief executive officer, executive director).

Other entities that meet the definition of a private non-profit community-based, minority-serving organization and the above criteria that are eligible to apply are:

- Faith-based organizations.
- Tribal organizations.
- Local affiliates of national, state-wide, or regional organizations.

National, state-wide, and regional organizations, universities and other institutes of higher education may not apply for these grants. As the focus of the program is at the local, grassroots

level, OMH is looking for entities that have ties to local communities. National, state-wide, and regional organizations operate on a broader scale and are not as likely to effectively access the targeted population in the specific, local neighborhood and communities.

The organization submitting the application will:

- Serve as the lead agency for the project, responsible for its implementation and management; and
- Serve as the fiscal agent for the Federal grant awarded.

Organizations may submit only one application under this announcement. Organizations submitting more than one proposal for this grant program will be deemed ineligible, and all proposals submitted for this program will be returned without comment.

Organizations are not eligible to receive funding from more than one OMH grant program to carry out the same project and/or activities.

Period of Support

Those applicants chosen through the competitive process:

- Are to begin their demonstration project on **September 1, 2007**.
- Will receive an award ranging from \$150,000 to \$175,000 total costs

(direct and indirect) for a 12-month period.

- Will be able to apply for a non-competing continuation award up to \$175,000 for each of two additional years. After year one, funding is based on:
 - Availability of funds.
 - Success or progress in meeting project objectives during year one of the project.

Note: For non-competing continuation awards, grantees must submit continuation applications, written reports, and continue to meet the established program guidelines.

Use of Grant Funds

Budgets ranging from \$150,000 to \$175,000 total costs (direct and indirect) may be requested per year to cover costs of:

- Personnel
- Consultants
- Equipment
- Supplies (including screening and outreach supplies)
- Grant related travel (domestic only)
- Other grant related costs

Funds may not be used for:

- Building alterations or renovations

- Construction
- Fund raising activities
- Job training
- Medical care, treatment or therapy
- Political education and lobbying
- Research studies involving human subjects
- Vocational rehabilitation

Note: All budget requests must be fully justified and include a computational explanation of how costs are determined. See - **Filling out the Budget Forms and Budget Justification Narrative** on page 9.

If funding is requested in an amount greater than the ceiling of the award range, the application will be considered non-responsive and will not be entered into the review process. The application will be returned with notification that it did not meet the submission requirements.

APPLICATION REQUIREMENTS

Application Forms

Applicants must use Grant Application Form OPHS-1.

Hint: You will need to disassemble Grant Application Form OPHS-1 in order to put the Application Package in the proper order.

Order of Application Package - All items in **bold** can be found in your application kit.

- **Face Page/cover page (SF 424) included in Form OPHS-1**
- **Checklist (pages 18-19 of Form OPHS-1)**
- For private, nonprofit organizations, evidence of nonprofit status (if not already on file with the PHS agency). (See page 27 of these guidelines for examples of acceptable proof of nonprofit status.)
- **Budget Information Forms for Non-Construction Programs (SF 424A) included in Form OPHS-1**
- Detailed Budget Justification Narrative (see section below).
- Negotiated Indirect Cost Rate Agreement (if applicable).
- **Key Personnel Form**
- E.O. 12372 (State Reviews) - See page 25 of these Program Guidelines. Provide a copy of the cover letter, if applicable.

- For community-based, non-governmental applicants, a Public Health System Impact Statement (see page 25 of these program guidelines). Include only a copy of the cover letter.
- **Project Profile**
- Table of Contents
- Project Narrative (proposal). (See pages 10-16 of these Program Guidelines.)

Filling Out the Budget Forms and Budget Justification Narrative

In addition to filling out the budget forms located in the application kit, you must also provide a separate budget justification narrative and computation of expenditures, as outlined below.

Applicants should recognize that costs do not remain static; the budget should reflect the various phases and activities of planning, organizing, implementation, evaluation, and dissemination. Timing and appropriate costs for conducting the internal evaluation and dissemination of the project's results should be considered when preparing the budget.

Budget Forms

Fill out the budget forms (SF 424A) located in the application kit. Also,

- Use SF 424A - Section B (1) to list the itemized budget for Year 1 costs.

- Use SF 424A - Section B (2) to list the itemized budget for Year 2 and 3 costs.

Budget Justification Narrative

Use separate paper to write the budget justification narrative and computation of expenditures for **each year** in which grant support is requested.

- Identify your projected expenditures using only the standard budget headings listed on budget form (SF 424 A), i.e., personnel and fringe benefits, contractual, travel, equipment, supplies, and other grant-related expenses.
- Then, write your budget justification narrative and computation of expenditures under the appropriate heading.
 - The “personnel” justification should indicate, for each position to be supported by the grant:
 - name, if known
 - title
 - level of effort (percentage of time on the project)
 - salary
 - responsibilities
 - The “equipment” narrative should indicate:
 - type of equipment

- number of items
 - cost per unit
 - who it will be used by
 - where and when it will be used
 - which objective and activity the equipment will support
- The justification for out-of-town “staff travel” should indicate:
- number of out-of-town trips
 - purpose/destination of each trip
 - estimated cost of travel (e.g., airfare, train fare, mileage) for each trip
 - per diem costs (meals, lodging and local travel)
 - title/position of traveler
 - when travel will take place
 - which objective and activity are addressed.

Provide similar information on other budget items under the appropriate headings.

Reminder: Participation in an annual OMH grantee meeting is mandatory. Applicants must budget for up to two grant staff to attend this meeting. For planning purposes, use Chicago as the travel destination. Applicants located in the Chicago area should use Washington, DC as the travel destination.

Note: Remember that all applicants must fill out the Key Personnel Form. This form must follow the budget information included in the Application Package.

REQUIRED CONTENT OF THE NARRATIVE SECTION

How to Write the Project Narrative (Proposal)

How to Write the Project Narrative (Proposal)

In place of the Program Narrative Instructions on pages 15-17 of Form OPHS-1, describe your proposal using the following 6 sections, in the order provided, to present your narrative:

- PROJECT SUMMARY
- BACKGROUND
 - Statement of Need
 - Experience
- OBJECTIVES
- PROGRAM PLAN
- EVALUATION PLAN
- APPENDICES

The Project Narrative, including the Project Summary and Appendices, is limited to 75 double-spaced pages. Organizations funded under the OMH Bilingual/Bicultural Services Demonstration Program in FY 04 (project periods beginning September 30, 2004 and ending September 29, 2007)

are also required to submit a Progress Report. This report is limited to 15 pages double-spaced, which do **not** count against the page limitation.

The narrative must address the project requirements specified on page of these Program Guidelines.

Provide sufficient details for reviewers to be able to assess the proposal's appropriateness and merit.

Project Summary

The Project Summary should:

- Be no more than 3 pages in length, double spaced.
- Cover key aspects of the Background, Objectives, Program Plan, and Evaluation Plan.

(See *Appendix B* for Suggested Project Summary Outline)

Background

Statement of Need

- Identify which of the health issue areas (up to 3) are being addressed.
- Describe and document (with data):

- demographic information on the targeted geographic area; and

Hint: Where local data are unavailable, the inclusion of county/parish/district demographic information should be considered to assist reviewers in putting the problem in context.

- the significance or prevalence of the problem or issues affecting the target minority group(s).

- Describe the local minority group(s) targeted by the **this project** (e.g., race/ethnicity, age, gender, educational level/income).
- All epidemiologic information provided should be referenced and cited.

Hint: Some sources of data are the U.S. Census, the Centers for Disease Control and Prevention, area-wide health systems agencies, local and state health departments, and the OMHRC (1-800-444-6472). Information should be considered to assist the reviewers in putting the problem in context.

- Provide rationale for the approach. Support with data from the local area (national, regional and state data may be used to put the local problem in context).
- Identify existing services and the

extent to which they reach the target community.

Experience

- Describe the applicant organization's background, including:
 - mission/purpose/service area/population served;
 - length of time in existence;
- Describe the background/experience of all partner organizations.
- Provide a rationale for inclusion of the partner organization(s) in the project.
- Describe any similar projects implemented to work with the targeted populations and the results of these efforts. Document the types of services provided, dates of implementation, and how long services were offered.

Reminder: For those organizations funded under the Bilingual/Bicultural Services Demonstration Grant Program in FY 2004, you must include a progress report in the Appendix on that specific project and its results.

- Discuss the applicant organization's experience in managing projects/activities, especially those targeting the population to be served.

- Indicate where the project will be located within the organization's structure and the reporting channels.
- Provide a chart of the proposed project's organizational structure, showing who reports to whom.
- Describe how the partner organization(s) will interface with the applicant organization.

Objectives

Objectives must relate to the purpose of the Bilingual/Bicultural Program (see page 1 of these guidelines), the identified problem(s), OMH Expectations and activities to be conducted.

- State each objective in **measurable** terms, including baseline data, improvement targets and time frames for achievement for the three year project.
 - Measurable terms include **both** baseline numbers (at the start of the project) and outcome numbers expected at the end of the project for each major component.
 - The time frame for achievement should indicate when the objective will be achieved within the three-year project period.

Explain how the stated objectives relate to the expected results of the project.

Hint: Objectives should not be confused with specific tasks or activities that will be implemented to achieve the objectives.

Program Plan

The Program Plan must clearly describe how the proposed project (which must be linked to the stated need and objectives) will be carried out.

- Clearly describe how the project will be carried out.
- Describe in detail specific activities and strategies planned to achieve each objective.
- For each activity, describe:
 - how it is to be done
 - when it is to be done
 - where it will be done
 - who will do it
 - for whom it is to be done
- Describe the role of each partner organization in the project.
- Describe any products to be developed by the project (e.g., brochures, public service announcements, videos).
- Provide a realistic time line chart

which lists:

- each objective
- the activities under each objective
- the specific month(s) each activity will be implemented; and
- the individual responsible for the activities by project title/position

Note: A time line should be included for **each year** that support is requested.

- Provide a description of the proposed program staff, including resumes for key staff, qualifications and responsibilities of each staff member.

Note: The Project Director **must be** an employee of the applicant organization.

- Indicate the level of effort for each proposed key staff position (e.g., 10%, 50%), including pertinent staff provided on an in-kind basis.
- Provide position or job descriptions for staff positions, including those to be filled.
- Provide a description of duties for proposed consultants and identify which objectives they will address.

Note: Collaborators, consultants, subgrantees, and subcontractors are accountable to the grantee for the management of any OMH funds received.

Evaluation Plan

Delineate how program activities will be evaluated. The evaluation plan must clearly articulate how the project will be evaluated to determine if the intended results have been achieved. The evaluation plan must describe, for all funded activities:

- intended results (i.e., impacts and outcomes);
- how impacts and outcomes will be measured (i.e. what indicators or measures will be used to monitor and measure progress toward achieving project results);
- methods for collecting and analyzing data on measures;
- evaluation methods that will be used to assess impacts and outcomes;
- evaluation expertise that will be available for this purpose;
- how results are expected to contribute to the objectives of the Program as a whole, and Healthy People 2010 goals and objectives; and
- the potential for replicating the evaluation methods for similar efforts.

Discuss plans and describe the vehicle (e.g., manual, CD) that will be used to document the steps which others may follow to replicate the proposed project in similar communities. Describe plans for disseminating project results to other communities.

- **Data Collection and Analysis Method:**

- Indicate which method of analysis will be used.
- State how data will be collected and analyzed on each indicator.
- Identify who will be responsible for the project's evaluation, including who will collect and analyze data on each indicator.

- **Demographic Information** on the targeted minority group(s).

- Describe demographic data to be collected on target groups being served (e.g., race/ethnicity, gender, age).

- **Process Measures** will vary depending upon the kind(s) of project activities to be provided. Describe the indicators to be used to monitor and measure progress toward achieving projected results by objective. For example:

- Number of forums, seminars, training sessions or focus groups held and number of participants.

- Number of outreach visits made or health fairs attended.
 - Number of health screenings conducted.
 - Number of signs or brochures distributed, number of broadcasts or TV spots aired.
 - Number of seminars conducted.
- **Outcome Measures** will show that the project has accomplished the objectives it planned to achieve. For example:
 - Pre- and post-tests to measure increases in participants' knowledge from workshops, forums, seminars, and focus groups.
 - Number of times services provided.
 - Number of clients referred and numbers following through with referrals.
 - **Impact Measures** demonstrate the achievement of the goal to positively affect health disparities. For example:
 - Changes in behavior/patterns.
 - Changes in baseline health data over time.
 - Changes in access/utilization of health care or medical services over time.

Describe the project's potential for long-term impact on targeted health

area(s).

- Discuss how the project model might have applicability for similar communities.

Appendices

All appendices must be clearly referenced and support elements of the narrative.

Include documentation and other supporting information in this section. Examples include:

- The applicant organization's mission statement.
- Memorandum of Agreement (MOA) with partner organization(s) (See Appendix C for sample format).
- Progress Report for programs funded under the Bilingual/Bicultural Demonstration Grant Program in FY 2004 (Refer to **Appendix C** for Progress Report Format.)
- Data collection instruments.
- Relevant brochures or newspaper articles.

Note: The Progress Report does not count against the page limitation for proposals. All other items in this section are counted against the 75 page limitation.

Helpful Reminders

In preparing your application, you must:

1. Number all pages sequentially including any appendices. (Do not use decimals or letters, such as: 1.3 or 2A).
2. Type all materials in size 12 font, with 1" margins, double spaced.
3. Not exceed a total of 75 pages for the Project Narrative, including the Project Summary and Appendices. Organizations funded under the Community Programs to Improve Minority Health Demonstration Grant Program in FY 2004 (project period beginning September 30, 2004 and ending September 29, 2007) are also required to submit a progress report. This report is limited to 15 pages double-spaced, which do not count against the program narrative page limitation.

In addition, for applications submitted by express/regular mail or hand-delivered, you must:

1. Use 8 ½ by 11 inch white paper.

2. Type on one side of the paper only.
3. Not staple or bind the application package. Use rubber bands or binder clips.
4. Send an original, signed in blue ink, and 2 copies of the application package.

See **Appendix D** for additional Tips for Preparing an Application.

Note: The pages of the Project Narrative must be double-spaced.

SUBMISSION OF APPLICATION

Application Deadline

To be considered for review, applications must be received by the Office of Public Health and Science, Office of Grants Management, c/o WilDon Solutions, by 5:00 p.m. Eastern Time on the application deadline date published in the Federal Register notice announcing availability of funds for the Bilingual/Bicultural Demonstration Grant Program. Applications will be considered as meeting the deadline if they are received on or before the deadline date. The application due date requirement in Federal Register notices

supercedes the instructions in the OPHS-1 form and the information provided in these program guidelines.

Submission Mechanisms

The Office of Public Health and Science (OPHS) provides multiple mechanisms for the submission of applications, as described in the following sections. Applicants will receive notification via mail from the OPHS Office of Grants Management confirming the receipt of applications submitted using any of these mechanisms. Applications submitted to the OPHS Office of Grants Management after the deadlines described below will not be accepted for review. Applications which do not conform to the requirements of the grant announcement will not be accepted for review and will be returned to the applicant.

While applications are accepted in hard copy, the use of the electronic application submission capabilities provided by the Grants.gov and GrantSolutions.gov systems is encouraged. Applications may only be submitted electronically via the electronic submission mechanisms specified below. Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, will not be accepted for review.

In order to apply for new funding

opportunities which are open to the public for competition, you may access the Grants.gov website portal. All OPHS funding opportunities and application kits are made available on Grants.gov. If your organization has/had a grantee business relationship with a grant program serviced by the OPHS Office of Grants Management, and you are applying as part of ongoing grantee related activities, please access GrantSolutions.gov.

Electronic grant application submissions must be submitted no later than 5:00 p.m. Eastern Time on the deadline date specified in the DATES section of the announcement using one of the electronic submission mechanisms specified below. All required hardcopy original signatures and mail-in items must be received by the OPHS Office of Grants Management, c/o WilDon Solutions, no later than 5:00 p.m. Eastern Time on the next business day after the deadline date specified in the DATES section of the announcement. Applications will not be considered valid until all electronic application components, hardcopy original signatures, and mail-in items are received by the OPHS Office of Grants Management according to the deadlines specified above. Application submissions that do not adhere to the due date requirements will be considered late and will be deemed ineligible.

Applicants are encouraged to initiate

electronic applications early in the application development process, and to submit early on the due date or before. This will aid in addressing any problems with submissions prior to the application deadline.

Electronic Submissions via the Grants.gov Website Portal

The Grants.gov Website Portal provides organizations with the ability to submit applications for OPHS grant opportunities. Organizations must successfully complete the necessary registration processes in order to submit an application. Information about this system is available on the Grants.gov website, <http://www.grants.gov>.

In addition to electronically submitted materials, applicants may be required to submit hard copy signatures for certain Program related forms, or original materials as required by the announcement. It is imperative that the applicant review both the grant announcement, as well as the application guidance provided within the Grants.gov application package, to determine such requirements. Any required hard copy materials, or documents that require a signature, must be submitted separately via mail to the OPHS Office of Grants Management, c/o WilDon Solutions, and if required, must contain the original signature of an individual authorized to act for the applicant agency and the obligations imposed by the terms and

conditions of the grant award. When submitting the required forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review.

Electronic applications submitted via the Grants.gov Website Portal must contain all completed online forms required by the application kit, the Program Narrative, Budget Narrative and any appendices or exhibits. All required mail-in items must be received by the due date requirements specified above.

Mail-In items may only include publications, resumes, or organizational documentation. When submitting the required forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review.

Upon completion of a successful electronic application submission via the Grants.gov Website Portal, the applicant will be provided with a confirmation page from Grants.gov indicating the date and time (Eastern Time) of the electronic application submission, as well as the Grants.gov Receipt Number. It is critical that the applicant print and retain this confirmation for their records, as well as a copy of the entire application package.

All applications submitted via the Grants.gov Website Portal will be validated by Grants.gov. Any

applications deemed “Invalid” by the Grants.gov Website Portal will not be transferred to the GrantSolutions system, and OPHS has no responsibility for any application that is not validated and transferred to OPHS from the Grants.gov Website Portal. Grants.gov will notify the applicant regarding the application validation status. Once the application is successfully validated by the Grants.gov Website Portal, applicants should immediately mail all required hard copy materials to the OPHS Office of Grants Management, c/o WilDon Solutions, to be received by the deadlines specified above. It is critical that the applicant clearly identify the organization name and Grants.gov Application Receipt Number on all hard copy materials.

Once the application is validated by Grants.gov, it will be electronically transferred to the GrantSolutions system for processing. Upon receipt of both the electronic application from the Grants.gov Website Portal, and the required hardcopy mail-in items, applicants will receive notification via mail from the OPHS Office of Grants Management confirming the receipt of the application submitted using the Grants.gov Website Portal.

Applicants should contact Grants.gov regarding any questions or concerns regarding the electronic application process conducted through the Grants.gov Website Portal.

Electronic Submissions via the GrantSolutions System

OPHS is a managing partner of the GrantSolutions.gov system. GrantSolutions is a full life-cycle grants management system managed by the Administration for Children and Families, Department of Health and Human Services (HHS), and is designated by the Office of Management and Budget (OMB) as one of the three Government-wide grants management systems under the Grants Management Line of Business initiative (GMLoB). OPHS uses GrantSolutions for the electronic processing of all grant applications, as well as the electronic management of its entire Grant portfolio.

When submitting applications via the GrantSolutions system, applicants are required to submit a hard copy of the application face page (Standard Form 424) with the original signature of an individual authorized to act for the applicant agency and assume the obligations imposed by the terms and conditions of the grant award. If required, applicants will also need to submit a hard copy of the Standard Form LLL and/or certain Program related forms (e.g., Program Certifications) with the original signature of an individual authorized to act for the applicant agency. When submitting the required forms, do not send the entire application. Complete hard copy applications

submitted after the electronic submission will not be considered for review.

Electronic applications submitted via the GrantSolutions system must contain all completed online forms required by the application kit, the Program Narrative, Budget Narrative and any appendices or exhibits. The applicant may identify specific mail-in items to be sent to the Office of Grants Management separate from the electronic submission; however these mail-in items must be entered on the GrantSolutions Application Checklist at the time of electronic submission, and must be received by the due date requirements specified above. **Mail-in items may only include publications, resumes, or organizational documentation.** When submitting the required forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review.

Upon completion of a successful electronic application submission, the GrantSolutions system will provide the applicant with a confirmation page indicating the date and time (Eastern Time) of the electronic application submission. This confirmation page will also provide a listing of all items that constitute the final application submission including all electronic application components, required hardcopy original signatures, and mail-in items, as well as the mailing address of the OPHS Office of Grants

Management where all required hard copy materials must be submitted.

As items are received by the OPHS Office of Grants Management, the electronic application status will be updated to reflect the receipt of mail-in items. It is recommended that the applicant monitor the status of their application in the GrantSolutions system to ensure that all signatures and mail-in items are received.

Mailed or Hand-Delivered Hard Copy Applications

Applicants who submit applications in hard copy (via mail or hand-delivered) are required to submit an original and two copies of the application. The original application must be signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant award. Mailed or hand-delivered applications will be considered as meeting the deadline if they are received by the OPHS Office of Grants Management, c/o WilDon Solutions, on or before 5:00 p.m. Eastern Time on the deadline date specified in the DATES section of the announcement. The application deadline date requirement specified in this announcement supersedes the instructions in the OPHS-1. Applications that do not meet the deadline will be returned to the applicant unread.

Where to Send Your Application and/or Required Hard Copy Original Signature and Mail-In Items

Send the complete application to:

OPHS Office of Grants Management
Operations Center
c/o WilDon Solutions
1515 Wilson Boulevard, Third Floor
Suite 310
Arlington, VA 22209
Attention: Office of Minority Health,
Bilingual/Bicultural Demonstration
Grant Program.

Suggestion: Applicants are encouraged to submit applications early to ensure receipt by the deadline.

Reminder: The deadline for **electronic submissions** of applications is no later than 5:00 p.m. Eastern Time on the deadline date published in the Federal Register notice, with required hard copy original signature and mail-in items received in the Office of Grants Management, OPHS, no later than 5:00 p.m. Eastern Time on the next business day after the specified deadline.

DUNS Number

All applicants are required to obtain a Data Universal Numbering System

(DUNS) number as preparation for doing business electronically with the Federal Government. **The DUNS number must be obtained prior to applying for OMH funds.**

The DUNS number is a nine-character identification code provided by the commercial company Dun & Bradstreet, and serves as a unique identifier of business entities. There is no charge for requesting a DUNS number, and you may register and obtain a DUNS number by either of the following methods:

Telephone: 1-866-705-5711

Website: <https://eupdate.dnb.com/requestoptions.html>

Be sure to click on the link that reads, “DUNS Number Only” at the left hand, bottom corner of the screen to access the free registration page. Please note that registration via the web site may take up to 30 business days to complete.

How to Get Help

For technical assistance on budget and business aspects of the application, contact:

DeWayne Wynn
Grants Management Specialist
Office of Grants Management
OPHS
Phone: (240) 453-8822
E-mail: dwynn.wynn@hhs.gov

For questions about programmatic information and/or technical assistance in preparing your grant application, contact:

Michael Douglas
Project Officer
Division of Program Operations
Office of Minority Health
Phone: (240) 453-8444
E-mail: michael.douglas@hhs.gov

For additional technical assistance:

- Contact the OMH Regional Minority Health Consultant for your region listed in your grant application kit.

For health information:

- Call the OMH Resource Center (OMHRC) at 1-800-444-6472.

EVALUATION OF APPLICATIONS

Receipt of Applications

- Applications will be screened upon receipt. Applications that are not complete, or that do not conform to or address the criteria of the announcement, will not be accepted for review and will be returned without comment.
- Accepted applications will be reviewed for technical merit in accordance with Public Health Service policies.

- Accepted applications will be evaluated by an Objective Review Committee (ORC). Committee members are chosen for their expertise in minority health and their understanding of the unique health problems and related issues confronted by the racial/ethnic minority populations in the United States.

How Applications Are Scored

Applications will be reviewed on their own merits, and will not be compared to each other. The ORC will determine how well the application meets the review criteria and if it included all the required information. The ORC will make recommendations to OMH about the funding of applications.

Review Criteria

The technical merit of applications will be assessed by the ORC considering the following 5 factors:

Note: The following factors are presented in the order in which they are addressed in the narrative.

Factor 1: Statement of Need (15%)

- Demonstrated knowledge of the problem at the local level.

- Significance and prevalence of the identified health problem(s) or health issue(s) in the proposed community and target population.
- Extent to which the applicant demonstrates access to the target community(ies) and whether it is well positioned and accepted within the community(ies) to be served.
- Demonstrated support and established linkage(s) in order to conduct the proposed model.
- Extent and documented outcome of past efforts and activities with the target population.
- For current grantees, documented outcome of activities funded under the Bilingual/Bicultural Service Demonstration Program.

Note: Currently funded Bilingual/Bicultural Service Demonstration Program grantees **must** attach a Progress Report describing project accomplishments and outcomes.

Factor 2: Objectives (15%)

- Merit of the objectives.
- Relevance to the program purpose, project outcomes, and stated problem.

- Attainability of the objectives in the stated time frames.

Factor 3: Program Plan (35%)

- Appropriateness of the proposed approach and specific activities for each objective.
- Logic and sequencing of the planned approaches in relation to the objectives and program evaluation.
- Soundness of the established linkage(s).
- Likelihood of successful implementation of the project.

Factor 4: Evaluation Plan (20%)

- Appropriateness of the proposed data collection, analysis, and reporting procedures.
- Clarity of the intent and plans to document the activities and their outcomes.
- Potential for the proposed project to impact barriers to health care experienced by LEP minority populations.
- Potential for replication of the project for similar target populations and communities.

Factor 5: Management Plan (15%)

- Applicant organization's capability to manage and evaluate the project as determined by:
 - Qualifications and appropriateness of proposed staff or requirements for “to be hired” staff and consultants.
 - Proposed staff level of effort.
 - Management experience of the applicant.
 - The applicant's organizational structure.
- Appropriateness of defined roles including staff reporting channels and that of any proposed contractors.
- Clear lines of authority among the proposed staff within and between participating organizations.

Award Criteria

Funding decisions will be determined by the Deputy Assistant Secretary for Minority Health, OMH, and will take into consideration:

- The recommendations and ratings of the ORC.
- Geographic and racial/ethnic distribution.
- Health areas to be addressed.

REPORTING AND OTHER REQUIREMENTS

Public Health Systems Reporting Requirements

This program is subject to Public Health Systems Reporting Requirements. Under these requirements, a community-based non-governmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS).

The PHSIS informs State and local health officials about proposed health services grant applications submitted by community-based non-governmental organizations within their jurisdictions.

Submitting Needed Information

Community-based, non-governmental applicants are required to submit, no later than the Federal due date for receipt of the application, the following information to the head of the appropriate state and local health agencies in the area(s) to be impacted:

- A copy of the face page of the application (SF 424).
- A summary of the project (PHSIS). The summary should be 1 page or less and include:
 - A description of the population to be served.

- A summary of the services to be provided.
- A description of the coordination planned with the appropriate State or local health agencies.

Note: Include **only** a copy of the cover letter with your application.

State Reviews (Executive Order 12372)

This program is subject to the requirements of Executive Order 12372 which allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs.

This application kit includes a listing of States which have chosen to set up a review system and will include a State Single Point of Contact (SPOC) in the State for review. The SPOC list is also available on the Internet at the following address:

<http://www.whitehouse.gov/omb/grants/spoc.html>

Applicants (other than federally recognized Indian tribes) should contact their SPOCs as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process.

For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State.

The due date for State process recommendations is 60 days after the application deadline established by the OPHS Grants Management Officer. The OMH does not guarantee that it will accommodate or explain its responses to State process recommendations received after that date. (See “Intergovernmental Review of Federal Programs,” Executive Order 12372, and 45 CFR Part 100 for a description of the review process and requirements).

Post Award Requirements

If you are selected for funding, you will need to let OMH know how your project is doing by sending:

- Semi-Annual Progress Reports
- Annual Financial Status Reports
- A Final Project Report and Financial Status Report.

Grantees will be informed of the progress report due dates. Instructions and report format will be provided prior to the required due date. The Annual Financial Status Report is due no later than 90 days after the close of each budget period. A Final Project and Financial Status Report are due 90 days after the end of the project period. Instructions and due dates will be provided prior to required submission.

Uniform Data Set

The Uniform Data Set (UDS) system is designed to assist in evaluating the effectiveness and impact of grant and cooperative agreement projects. All OMH grantees are required to report program information, using the web-based UDS. Training will be provided to all new grantees on the use of the UDS system, during the annual grantee meeting.

ADDITIONAL INFORMATION

Definitions

For purposes of this grant program, the following definitions apply:

Community-Based Organizations – Private, nonprofit organizations and public organizations (local and tribal governments) that are representative of communities or significant segments of communities where the control and decision-making powers are located at the community level.

Community-Based, Minority-Serving Organization – A community-based organization that has a demonstrated expertise and experience in serving racial/ethnic minority populations. (See

definition of *Minority Populations* below.)

Cultural Competency – Having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities.

Health Care Facility – A private non-profit or public facility that has an established record for providing comprehensive health care services to a targeted, racial/ethnic minority community. A health care facility may be a hospital, outpatient medical facility, community health center, migrant health center, or a mental health center. Facilities providing only screening and referral activities are not included in this definition.

Limited-English-Proficient (LEP) Individuals – Individuals (particularly Minority Populations as defined below) who do not speak *English* as their primary language and who have a limited ability to read, write, speak, or understand *English*. These individuals must communicate in their primary language in order to participate effectively in and benefit from any aid, service or benefit provided by the health provider.

Memorandum of Agreement (MOA) – A single document signed by authorized representatives of each community partnership member organization which details the roles and resources each entity

will provide for the project and the terms of the agreement (must cover the entire project period).

Minority Populations – American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander (42 U.S.C. § 300u-6, section 1707 of the Public Health Service Act, as amended).

Nonprofit Organizations – Corporations or associations, no part of whose net earnings may lawfully inure to the benefit of any private shareholder or individual. Proof of nonprofit status must be submitted by private nonprofit organizations with the application or, if previously filed with PHS, the applicant must state where and when the proof was submitted. (See III, 3. Other, for acceptable evidence of nonprofit status.)

Partnership – At least two discrete organizations and/or institutions that have a history of service to LEP racial/ethnic minority populations (see definition of LEP and Minority Populations above).

Sociocultural Barriers – Policies, practices, behaviors and beliefs that create obstacles to health care access and service delivery. Examples of sociocultural barriers include:

- Cultural differences between individuals and institutions

- Cultural differences of beliefs about health and illness
- Customs and lifestyles
- Cultural differences in languages or nonverbal communication styles

Healthy People 2010

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2010, a PHS-led national activity announced in January 2000 to eliminate health disparities and improve years and quality of life.

Information on the Healthy People 2010 objectives can be found on the Healthy People 2010 web site at:
<http://www.healthypeople.gov>

Copies of the Healthy People 2010: Volumes I and II can be purchased by calling (202) 512-1800. The cost is \$70 for the printed version or \$20 for CD-ROM. Another reference is the Healthy People 2000 Final Review-2001.

For 1 free copy of Healthy People 2010, contact NCHS:

The National Center for Health Statistics
Division of Data Services
3311 Toledo Road
Hyattsville, MD 20782

Or, telephone (301) 458-4636.

Ask for DHHS Publication No. (PHS) 99-1256).

The document may also be downloaded from the Healthy People 2010 web site: <http://www.healthypeople.gov>

Frequently Asked Questions

1. **Where can I get more information about the program?** See the section of these Program Guidelines entitled “How to Get Help” (page 22) for federal staff contact information. You may also visit the web site <http://www.omhrc.gov>.
2. **Who is eligible to apply?** Private community-based, minority-serving organizations who are eligible to receive financial assistance must be nonprofit organizations. Public community-based organizations which address health and human services are also eligible to apply for these Bilingual/Bicultural Service Demonstration Grants. Tribal organizations, faith-based organizations and **local** affiliates of national, state-wide or regional organizations that meet the definition of a community-based, minority-serving organization are also eligible to apply. All applicants must address health and human services and provide services to a targeted LEP minority community.
3. **Who is not eligible to apply?** National, state-wide, and regional organizations; universities; and schools of higher learning are not eligible to apply for these grants.
4. **Can a religious organization apply?** Yes, if the organization meets the eligibility criteria and provides proof of its non-profit status (see page 25 for acceptable evidence of non-profit status).
5. **Can a health care facility be the applicant?** As long as the facility meets the definition of a private, nonprofit community-based, minority-serving organization, and provides services to an LEP minority population, the facility may apply to this grant program. Keep in mind that a linkage must still be established with another community-based, minority-serving organization to implement the project.
6. **My organization is both a health care facility and a community-based, minority-serving organization. Do I still need to establish a linkage with a second organization?** Yes. This demonstration grant program requires that all projects include an established linkage between two separate and distinct entities.
7. **How much money is an applicant eligible to apply for?** Each applicant may request a budget

ranging from \$150,000 to \$175,000 per year for each of three years. Matching funds are not required.

8. **What is the CFDA Number?** The Catalog of Federal Domestic Assistance (CFDA) is a Government-wide compendium of Federal programs, projects, services, and activities that provide assistance. Programs listed therein are given a CFDA Number. The CFDA Number for this program is 93.105.
9. **Do I budget for one year or three years?** Each applicant must submit a budget for each year support is requested. The period of support for each project is up to three years.
10. **Can the proposed project address health areas that are not among the 10 identified Healthy People 2010 health areas?** No. The health areas listed on page 5 of these Program Guidelines have been identified as those with significant disparities in health status experienced by racial and ethnic minority populations and are the focus of the Bilingual/Bicultural Service Demonstration Program.
11. **Can you tell me exactly which forms are required for this application?** Form OPHS 1, the Project Profile and the Key Personnel Form are required. An application kit for this program is

available on-line at Grants.gov or GrantsSolutions.gov.

12. **How do I submit an application?** Send an original, signed in blue ink, and 2 copies of your grant application to:

OPHS Office of Grants Management
Operations Center
c/o WilDon Solutions
1515 Wilson Boulevard, Third Floor
Suite 310
Arlington, VA 22209
Attention: Office of Minority Health,
Bilingual/Bicultural Demonstration
Grant Program
13. **Should my proposal be single or double-spaced?** The project summary must be double-spaced. However, the project narrative (proposal) may be single or double-spaced.

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APPENDIX A**Department of Health and Human Services
Office of Minority Health****Bilingual/Bicultural Demonstration Grant Program
FY 2007****MEMORANDUM OF AGREEMENT/UNDERSTANDING OUTLINE
(Sample Format)****I. Linkage Organization**

Identify the linkage organization and the individual representing it. Provide a statement which indicates that by signing the document, the organization commits to executing the activities and providing the resources as detailed in the agreement.

II. Project Activities

Summarize the activities to be carried out by the linkage organization relative to the proposed project.

III. Commitment of Resources

Delineate the resources the linkage organization will provide to the project. Also indicate the amount of grant funds, if any, the organization will receive.

IV. Term of Agreement

Indicate the specific dates of the agreement. The term of the agreement should at least endure the life of the grant. Also indicate the terms for termination of the agreement.

V. Signatures

A representative from both the applicant organization and the linkage organization must sign this document. The agreement must be signed by individuals with the authority to represent the organization (e.g., president, chief executive officer, executive director).

APPENDIX B**Department of Health and Human Services
Office of Minority Health****Bilingual/Bicultural Demonstration Grant Program
FY 2007**

PROJECT SUMMARY OUTLINE

INSTRUCTIONS: The Project Summary should provide a concise recapitulation of the key aspects of the application. The summary should follow the recommended format, not exceed three pages, and be typed double-spaced on one side of plain, 8 ½" x 11" white paper with 1" margin using no less than 12 point font.

PROJECT TITLE:	Full name of the project
APPLICANT:	Applicant organization's name
LOCATION:	City, State, Zip Code
PROJECT DIRECTOR:	Name of the Project Director, telephone & fax numbers, e-mail address
PROPOSED YEAR 1 BUDGET:	Total Direct/Indirect
PROPOSED SERVICE AREA:	Specify counties, cities, neighborhoods, or communities to be served by project activities
TARGET POPULATION:	Minority population(s) to be served by project

STATEMENT OF NEED:

OBJECTIVES:

PROGRAM PLAN:

PRODUCTS:

EVALUATION PLAN:

MANAGEMENT PLAN:

**Department of Health and Human Services
Office of Minority Health**

Bilingual/Bicultural Service Demonstration Program

PROGRESS REPORT OUTLINE
(Suggested)

The progress report must contain a description of the activities conducted under the current **Bilingual/Bicultural Service Demonstration Program** grant. At a minimum, each of the following items must be addressed. Additional information relevant to the program may be included.

I. PROGRAM INFORMATION

- Name of Project Director
- Grant Number as shown on the “Notice of Grant Award”
- Time period covered by the Progress Report (9/30/04 - 9/29/07).

II. SPECIFIC OUTCOMES

- State the original project objectives, summarize the activities implemented to achieve and measure each objective, and summarize accomplishments of those activities with specific outcomes for each objective.
- Provide summary data on project participants (e.g., number served, race/ethnicity, gender) services provided.
- Discuss the findings of program evaluations.
- Describe all products directly related to project activities (e.g., brochures, displays, media addresses).

- Discuss staffing changes including additions/deletions of funded positions and any unfilled staff positions and their impact on the program.

III. CHANGES IN PROGRAM PLAN AS ORIGINALLY APPROVED

- Describe any changes or modifications made to the original objectives. Specifically explain the changes/modifications and their significance in conducting the project.
- Discuss problems not previously described and how they were resolved.

APPENDIX D**TIPS FOR PREPARING AN APPLICATION**

Keep your audience in mind. Reviewers will use only the information contained in your application to assess your proposal. Be sure your application and responses to the project requirements and expectations are complete and clearly written. Do NOT assume that reviewers are familiar with your organization. Make your application self-explanatory, with data clearly described and explained. Keep the review criteria in mind as you write the application.

Follow the instructions in the Program Guidelines carefully. The instructions call for a particular organization of the materials, and reviewers are accustomed to finding information in specific places. Following the instructions will eliminate the need for reviewers to hunt through your application for information. Be organized and logical in your presentation so reviewers can follow the thought process for the proposed project.

Involve evaluation expertise. OMH projects focus on evaluation in order to define successful intervention approaches. Applications, therefore, can greatly benefit from involvement of an evaluator (early in the process) to provide assistance with evaluation design and data collection instruments.

Be concise and clear. Make your points understandable. Provide accurate and honest information, including candid accounts of problems and limitations, and realistic plans to address them. If you omit any required information or data, explain why. Make sure the information provided in each table, chart, attachment, etc., is consistent with your proposal narrative and information in other tables.

Be careful in the use of appendices. Do not use the appendices for information that is required in the body of the application. Be sure to cross-reference all tables and attachments in the text of the application.

Carefully proofread your application. Misspellings and grammatical errors will impede reviewers in understanding your application. Be sure pages are numbered (including appendices) and that page limits are followed. Limit the use of abbreviations and acronyms, and define each one at its first use and periodically throughout the application.

Ask for assistance. If any questions arise when preparing your application, contact the persons listed on pages **20-21** of the Program Guidelines.